

MEMBERSHIP FORM
Dues = \$20 Annual

PLEASE return this form with your payment: ___ New ___ Renewal

NAME: _____ **PHONE:** _____

ADDRESS: _____ **E-MAIL:** _____

Send to:
Jean Reeves
1359 S Ginger Ct
Cornelius, OR 97113

Newsletter choice:

Delivered by e-mail _____ **Snail mail** _____ **Both** _____